



CITY OF CHULA VISTA
276 FOURTH AVENUE
CHULA VISTA, CA 91910

TRANSPORTATION PERMIT

PERMIT/REC _____

Name		Permit Valid Between ____AM ____/____/____ PM And Sunset ____/____/____ Moving Authorized Yes No Saturday ____ Sunday ____ Sunset to Sunrise ____		Authorized Agency Representative _____
Address				
City/State				
Phone	MCD No.			

Haul <input type="checkbox"/>	Load or Equipment and Model No	Telecopied Permits Not Valid Without Seal
Drive <input type="checkbox"/>		
Tow <input type="checkbox"/>		

Type Vehicle		Sending Station	Receiving Station
King Pin to Last Axle	Comb. Vehicle Length		

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED									
Max Height		Max Width			Max Overall Length			Max Overhang	
Axle Number	1	2	3	4	5	6	7	8	9
Number Tires									
Axle Spacing									
Axle Width									
Weight									
Origin	Destination						Trips		

Authorizes Streets/Roads/Highways	*Other Agency Permits Required

Pilot Car <input type="checkbox"/> Yes <input type="checkbox"/> One Required		Attachments <input type="checkbox"/> <u>Permit Conditions</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> Cash <input type="checkbox"/> Charge Fee <input type="checkbox"/> Exempt \$	Permittee's Authorized Agent Signature _____ Date ____/____/____	